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URBAN DISTRICT COUNCIL
OF WOKING

Annual
REPORT



of the

MEDICAL OFFICER OF HEALTH

together with the Report of the

CHIEF PUBLIC HEALTH INSPECTOR

for the year

1956

URBAN DISTRICT COUNCIL OF WOKING

PUBLIC HEALTH AND DRAINAGE COMMITTEE, 1956-1957

Chairman:

COUNCILLOR F. E. SOWDEN, J.P.

Vice-Chairman:

COUNCILLOR MRS. D. E. GALE

The Chairman of the Council:

COUNCILLOR A. D. CAMPBELL, J.P., B.SC., L.C.P.

CLR. F. A. AMIES	CLR. T. LEAM
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CLR. J. W. JONES	CLR. E. J. SMITH
CLR. J. A. TERRY	

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health:

C. A. McPHERSON, M.B., CH.B., D.P.H., L.D.S., D.P.D.

Chief Public Health Inspector and Cleansing Officer:

A. G. DAVIES, M.A.P.H.I.

Deputy Chief Public Health Inspector:

A. BARNETT, M.A.P.H.I.

Public Health Inspectors:

H. W. MONKS, M.A.P.H.I.	J. S. GARFORTH, M.A.P.H.I.
P. G. H. SMITH, M.A.P.H.I.	

Clerical Staff:

MISS M. COTTINGHAM (Chief Clerk)

MISS J. A. THOMPSON (commenced 9.1.56)

MRS. J. J. DEVONSHIRE

To the Chairman and Members of the Public Health Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health of the district for the year 1956.

In the vital statistics we again find a rising birth rate and a falling death rate with an absence of maternal deaths. The increase in the number of deaths in infants under one year of age may be ascribed especially to broncho-pneumonia and prematurity. Little indeed is known about the cause of either condition, but the majority of those of broncho-pneumonia appeared to be of infective origin and occurred in babies with an associated degree of mental, and often physical, defect, living in the same institution. Some increase in the number of deaths in coronary heart disease in men is also to be noted.

Infectious diseases call for comment as to the fact that again no deaths were attributable to measles, whooping cough or diphtheria, and as regards the incidence of poliomyelitis and dysentery. Forty cases of poliomyelitis were notified and three deaths occurred, two in female adults and one in a boy of school age. Thirty patients were admitted to hospital and all types of paralyses were seen, with several complete and several partial degrees of recovery after orthopaedic treatment. The majority of the cases were paralytic. With the assistance of the Public Health Laboratory Service at Guildford it is now possible with more certainty to establish the identity of cases—in the absence of paralyses—and to determine with a fair degree of probability when a patient or carrier is non-infectious. The isolation of the appropriate virus and its type from the faeces may be relied on to give an answer in about ten days, and the findings have shown a very high carrier rate in the younger members of any family in which there is a case of the disease. Moreover, examples of case-to-case infection have been met with and in one instance three families in adjoining houses became infected by the association of children in the pre-school and younger school age groups. It may be very difficult to attempt to enforce a period of quarantine on healthy children, but it is clearly a public health duty and the responsibility of parents to try when a case is known to exist in a particular family. Details of the disease and the need for school closure are given later in the main body of the report. Once again Sonne dysentery was prevalent in the district and incompletely represented by the 84 cases which were notified. This infection is on the increase throughout the country, and whilst several cases

presented quite severe symptoms, the majority of the problems of a medical and public health interest were created by the fact that the carrier condition of the disease can exist for several weeks or months, and in symptomless persons. If certain conditions are satisfied one will probably have to ignore such a state of affairs in many instances, but this cannot be allowed to apply to those engaged in any food occupation nor to children in the younger age groups. From a medical point of view it is noteworthy that Sonne dysentery in Woking, and no doubt elsewhere, is proving itself completely resistant to any of the sulphonamide types of drug, hitherto most frequently used for the treatment of this condition. It is, however, fortunately amenable to certain of the antibiotics, but if their use is to be widespread resistance may undoubtedly be expected to develop and they should be reserved for the severer type of case. It is difficult for the general public to appreciate that very often there is no way by the employment of drugs of bringing the carrier state to a rapid conclusion, or that such means as do exist do not justify their end. Especial personal hygiene should be practised in families when cases of diarrhoea occur, and when Sonne dysentery is known to exist it is for them to assume that they may be infectious to others and all reasonable precautions should be taken.

As we now know that both poliomyelitis and dysentery are usually spread by intestinal means, it is well to consider the fact that in poliomyelitis 43 per cent and in Sonne dysentery 50 per cent of the cases occurred in the age group 5–10 years and to see that this association with all aspects of school attendance receives the attention which it deserves.

On the question of the prevention of disease, the majority of children are now being immunised by the combined prophylactic whooping cough and diphtheria, although an insufficient number are receiving this injection before they reach one year of age. It has also been the custom of some general practitioners to combine this preparation with a tetanus toxoid which gives active immunity against the three diseases, and since August the Ministry of Health have approved this preparation for distribution and for payment of notification when it has been given by the private doctor. It is indeed a desirable practice owing to the known risks which may attach to the giving of anti-tetanic or indeed any horse serum in a small group of persons.

Poliomyelitis vaccination was given to 342 children, the majority receiving their two injections. It was unfortunately only available in

short supply and therefore restricted to a small number of the registered children. Owing to the incidence of poliomyelitis, all types of immunisation injections were suspended for several months, as were also many operations, especially those of the nose, throat or ear.

The disease tuberculosis continues to show a decline per annum in the number of new cases notified despite the increased population and the visit of the Mass X-ray Unit during the month of September. The number of cases on the register, however, continues to rise. B.C.G. vaccination of school children shows that more parents agree to have their children skin tested and consequently more are vaccinated annually against the disease. Nevertheless greater use should be made of a Miniature Mass Radiography Unit which is permanently available at St. Peter's Hospital, Chertsey, and the number of parents who allow their children to be skin tested at school should be increased from the present figure of 58 per cent. Whilst there is no doubt that a residue of undiscovered foci of infection in the adult population is mainly responsible for the perpetuation of this disease in the community, it is a condition which reacts most favourably to any measures which provide and promote a state of healthy living, and it is no easy task for the partially disabled, sputum positive case to earn his living in whatever vocation he may be especially skilled.

A very substantial amount of time was of necessity expended by the public health staff during the year on the investigation of the activities of cases, carriers and contacts by reason of poliomyelitis and dysentery.

I would wish to record my appreciation of the co-operation which I have received from the general practitioners, and in conclusion to convey my thanks to you, Mr. Chairman and Members, to the Clerk and all Chief Officers, for their assistance to me during the year.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

C. A. McPHERSON,

Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (acres), 15,712.

Estimate of Resident Population, Mid-year 1956, 56,750.

Year	Houses	Population	Average No. per House
1911	4,072	24,808	6·0
1921	5,078	26,430	5·8
1931	6,853	29,950	4·4
1941	10,743	47,770	4·4
1951	11,949	49,310	4·1

Number of inhabited houses (end of 1956) according to rate books, 15,519.

Rateable Value, £906,199.

Sum represented by a penny rate, £3,528.

Social Conditions

Woking is a residential town situated within 25 miles of London and consequently a substantial number of the residents find employment in London.

A total of 1,947 acres comprises common and open spaces and there are many recreation grounds to provide open air facilities for the children and adults. In the 34-acre Woking Park there is in addition to normal activities an open-air swimming pool.

During the year 5,060 men and 833 women took advantage of the available facilities at the slipper baths.

Unemployment amongst Woking residents was rather lower than the average figure for the post-war years as is shown by the figures below indicating the numbers of unemployed persons on the dates given.

Classification	Dec. 31st 1952	Dec. 31st 1953	Dec. 31st 1954	Dec. 31st 1955	Dec. 31st 1956
Male Adults ..	96	78	70	48	88
Male Juveniles ..	4	34	9	7	4
Female Adults ..	58	73	52	42	43
Female Juveniles ..	3	42	6	7	4
Totals	161	227	137	104	139

Vital Statistics				1956	1955
(1)	Number of live births	..	..	931	881
(2)	Birth Rate (per 1,000 population)	..	..	16·41	15·75
(3)	Birth Rate (corrected by Registrar General's comparability factor)	..	..	16·25	15·91
(4)	Number of still-births per 1,000 total births			20·00	16·74
(5)	Number of deaths	..	..	790	698
(6)	Death Rate (per 1,000 population)	..	..	13·92	12·48
(7)	Death Rate (corrected by Registrar General's comparability factor)	..	..	10·02	11·48
(8)	Natural increase of population	..	..	141	183
(9)	Number of deaths of infants under one year			30	14
(10)	Infant Mortality Rate per 1,000 live births			32·22	15·89
(11)	Number of women dying in or in consequence of childbirth	..	..	—	—

Extracts from Vital Statistics for the Year 1956

Live Births:—				Total	M.	F.
Legitimate	..	..	..	865	449	416
Illegitimate	..	..	..	66	34	32
Birth Rate, 16·41 per 1,000 population						
Adjusted Birth Rate, 16·25 per 1,000 population						
Still-births	..	..	..	19	13	6
Rate per 1,000 total births, 20·00						
Deaths	..	..	..	790	346	444
Death Rate, 13·92 per 1,000 population						
Adjusted Death Rate, 10·02 per 1,000 population						

The crude birth and death rates for Woking are strictly not comparable with the figure for England and Wales. In order to arrive at comparative figures and make allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales the Registrar General has introduced comparability factors. These figures for Woking are 0·99 and 0·72 for births and deaths respectively, and the adjusted rates have been calculated accordingly.

Deaths from puerperal causes:—				Rate per 1,000 total (live and still) births	
Pregnancy, childbirth, abortion	..	..	..	..	—
Death rate of infants under one year of age:—					
All infants per 1,000 live births	..	..	..	..	32·22
Legitimate infants per 1,000 legitimate live births	..	..	..	..	31·21
Illegitimate infants per 1,000 illegitimate live births	..	..	..	..	45·45
Deaths from malignant neoplasms (all ages)	..	..	..	..	126
Deaths from measles (all ages)	..	..	..	..	—
Deaths from whooping cough (all ages)	..	..	..	..	—
Deaths from diarrhoea (under 2 years of age)	..	..	..	..	2

Births

The following table shows the number of live births and the birth rate over the past 5 years.

Year	Number of Births	Birth Rate*	Birth Rate for England and Wales
1952	719	14.58	15.3
1953	747	14.29	15.5
1954	820	15.33	15.2
1955	881	15.91	15.0
1956	931	16.25	15.7

*Corrected by the Registrar General's comparability factor

It is of interest to note that the actual number of births which occurred in the Woking U.D. during 1956 was 1,663, although only 931 were credited to Woking. The remainder (being born to women not normally resident in Woking) were transferred to other Districts.

The births have exceeded the deaths for the past 12 years, the natural increment for this year being 141.

The statistics supplied by the Registrar General during 1956 show that the total number of registered live births allocated to Woking was 931—483 males and 448 females, the birth rate being 16.41 per 1,000 of the population. Of the total number of births 865 were legitimate and 66 (7.09 per cent) illegitimate.

In addition there were 19 still births, 13 male and 6 female.

Causes of Death during 1956

	Male	Female
All causes	346	444
Tuberculosis, respiratory	3	1
Tuberculosis, other	—	—
Syphilitic disease	—	1
Whooping cough	—	—
Diphtheria	—	—
Meningococcal infections	—	1
Acute poliomyelitis	1	2
Measles	—	—
Other infective and parasitic diseases	—	—
Malignant neoplasm, stomach	6	8
Malignant neoplasm, lung, bronchus	18	5
Malignant neoplasm, breast	—	17
Malignant neoplasm, uterus	—	6
Other malignant and lymphatic neoplasms	32	34
Leukaemia, aleukaemia	2	4
Diabetes	1	1
Vascular lesions of nervous system	33	66
Coronary disease, angina	57	42
Hypertension with heart disease	6	19

Causes of Death during 1956— <i>contd.</i>						Male	Female
Other heart disease	..	..	..	..	..	77	130
Other circulatory diseases	..	..	..	..	..	10	21
Influenza	..	..	..	..	..	—	—
Pneumonia	..	..	..	..	..	18	21
Bronchitis	..	..	..	..	..	25	13
Other diseases of respiratory system	..	..	..	..	..	1	3
Ulcer of stomach and duodenum	..	..	..	..	..	5	—
Gastritis, enteritis and diarrhoea	..	..	..	..	..	2	2
Nephritis and nephrosis	..	..	..	..	..	4	4
Hyperplasia of prostate	..	..	..	..	..	5	—
Pregnancy, childbirth, abortion	..	..	..	..	..	—	—
Congenital malformations	..	..	..	..	..	4	7
Other defined and ill-defined diseases	..	..	..	..	..	26	28
Motor vehicle accidents	..	..	..	..	..	3	4
All other accidents	..	..	..	..	..	5	3
Suicide	..	..	..	..	..	2	1
Homicide and Operations of War	..	..	..	..	..	—	—

Deaths

The total number of deaths registered in the district was 790—346 males and 444 females, equal to a death rate of 13·92 per thousand of the estimated population, or an adjusted rate of 10·02.

The deaths occurring outside the district of people really belonging to Woking were 178.

The following deaths occurred in Institutions outside the Woking district of people usually resident in Woking:

St. Luke's Hospital, Guildford	..	..	16
St. Peter's Hospital, Chertsey	..	..	95
London Hospitals	..	..	15
Other Hospitals and Institutions	..	..	36

There were 67 deaths within this district of persons not usually resident in Woking, 30 males and 37 females.

The principal causes of death, excluding those from zymotic diseases, are:—

Malignant neoplasms	..	..	..	126
Heart disease	..	..	..	331
Vascular lesions of nervous system	..	..	..	99
Other circulatory diseases	..	..	..	31
Pneumonia	..	..	..	39
Bronchitis	..	..	..	38
Other respiratory diseases	..	..	..	4

Malignant Neoplasms

Malignant and lymphatic neoplasms were responsible for 126 deaths or 15·95 per cent of total deaths.

Diseases of the Heart and Circulation

There were 461 deaths due to diseases of the heart and circulation. This figure represents 58·35 per cent of the whole deaths.

Bronchitis, Pneumonia, and other Respiratory Diseases

There were 39 deaths due to Pneumonia, 38 to Bronchitis, and 4 to other respiratory diseases. This gives a total of 81 or 10·25 per cent of total deaths.

The following table sets out the death rates per thousand of the population for certain diseases:—

Bronchitis	..	..	..	..	..	0·67
Cancer	..	..	..	..	..	2·22
Heart Disease	..	..	..	..	..	5·83
Heart Disease and Circulation	..	..	..	..	..	8·12
Nephritis and Nephrosis	..	..	..	..	..	0·14
Gastritis, Enteritis and Diarrhoea	..	..	..	..	..	0·07
Typhoid and Para-typhoid	..	..	..	..	..	—
Pneumonia	..	..	..	..	..	0·69
Influenza	..	..	..	..	..	—
Tuberculosis	..	..	..	..	..	0·07

Deaths due to Violence

The figures given below indicate the manner in which Woking residents met their deaths from violence.

Road Traffic deaths	..	7	Drowning	..	..	2	
Falls	..	..	2	Strangulation	..	..	1
Poisoning	..	..	2	Electrocution	..	..	1

In addition to the above there were 3 suicides.

Infantile Mortality

There were 30 infant deaths during the year (including transferable deaths) giving an Infant Mortality rate of 32·22 per 1,000 live births, compared with 23·8 per 1,000 live births for England and Wales. The Infantile Death rate for illegitimate children in Woking was 45·45 per 1,000 illegitimate live births.

The following tables show the causes of death and ages at death of infants under 1 year.

Cause of Death	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total No. under 1 month
Prematurity	5	1	—	—	6
Hydrocephalus ..	1	—	1	—	2
Atelectasis	2	—	—	—	2
Broncho-pneumonia	—	2	—	—	2
Generalised sclerema	1	—	—	—	1
Cerebral irritation ..	1	—	—	—	1
Pancreatic Fibrocystic disease	—	—	—	1	1

Cause of Death	1-3 months	4-6 months	7-9 months	10-12 months	Total deaths 1-12 months
Broncho-pneumonia	6	—	—	2	8
Congenital Heart Disease	—	1	—	—	1
Hydrocephalus ..	1	1	—	—	2
Meningitis (congenital defect)	1	—	—	—	1
Atelectasis	1	—	—	—	1
Gastro enteritis ..	—	—	1	—	1
Cerebral Oedema ..	1	—	—	—	1

Comparative Birth and Death Rates for the Year 1956

	Rate per 1,000 Home Population		Annual Death Rate per 1,000 Home Population	Rate per 1,000 Live Births
	Live Births	Still Births	All Causes	Total Deaths under 1 Year
England and Wales	15·7	·37	11·7	23·8
Woking	16·25*	·33	10·02*	32·22

*After correction by Registrar General's Comparability Factor.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

(a) Laboratory Facilities

The district is fortunate in having the services of St. Peter's Pathological and Bacteriological Laboratory and it is especially used by the majority of general practitioners. In addition the Public Health Laboratory at St. Luke's Hospital, Guildford, gives most valuable service for the examination of any large scale investigation and in addition receives the Public Health Department's routine samples of food of all kinds, especially milk, water and ice cream. As previously, samples of water for chemical examination are sent to the Royal Institute of Public Health and Hygiene, London.

During the year the following specimens were examined by the Public Health Laboratory at Guildford:—

Specimens of faeces	..	..	..	..	483
Specimens of blood	..	..	..	..	3
Other specimens	..	..	..	..	4
Samples of milk	..	..	..	..	81
Samples of cream	..	..	..	..	14
Samples of ice cream	..	..	..	..	40
Samples of water	..	..	..	..	45

(b) Ambulance Facilities

Under the National Health Service Act, 1946, the Ambulance Service is administered by the Surrey County Council.

Ambulances are supplied from the Ambulance Control Station, Guildford Road, Chertsey (Tel. Woking 3040) which is operated directly by the County Council. One County ambulance is garaged in Boundary Road, Woking, and this is fully manned to give service throughout the twenty-four hours. There is also one Red Cross ambulance. This is fully manned during the day time, but only partially so by night.

(c) Nursing in the Home

Twelve nurses who are acting in the capacity of District Nurses or Domiciliary Midwives are provided by the Surrey County Council for work in the Urban District, and during the year 1956 some 27,602 visits were paid to 1,007 patients. They also paid 8,684 visits to 394 midwifery patients. Details of these nurses are given below.

Miss H. F. Bisseneek	Helvetia, High Street,	Woking 511
	Horsell	
Misses L. M. J. B. and	Carberry, Kingfield Road,	Woking 1559
M. R. B. Callender	Woking	

Miss M. Cook	1 Ulwin Avenue, Byfleet	Byfleet 2658
Miss M. Gaskell	91 Woodlands Avenue, West Byfleet	Byfleet 448
Mrs. G. M. Holliger	Casilla, Madeira Road, West Byfleet	Byfleet 2846
Mrs. H. Rubner	Journey's End, 22 Vic- toria Road, Knaphill	Brookwood 3230
Mrs. A. Brunskill	St. Teresa, 16 Victoria Road, Knaphill	Brookwood 3298
Mrs. M. E. Backshall	Savernake, Connaught Road, Brookwood	Brookwood 2125
Miss L. Wilson, Miss J. M. Pollard Miss M. Fielding	St. Fillans, Maybury Hill, Woking	Woking 2732

(d) Hospitals

The district is well served especially by the following hospitals, the first three named being in the Urban District Council's boundary.

Woking and District Victoria Hospital.

Rowley Bristow Hospital, Pyrford.

Brookwood Hospital, Knaphill.

St. Peter's Hospital, Chertsey.

Ottershaw Hospital—Infectious Diseases and Chronic Sick.

The services given at the Woking and District Victoria Hospital are essentially limited in scope owing to the need for expanding the number of beds, but during the year a new block was in the course of erection to give additional facilities, especially for out-patient work.

It would be appropriate also at this stage to comment on the difficulty which is experienced by general practitioners in Woking, in common with other areas, in securing hospital accommodation for their chronic sick patients.

A clinic for the treatment of chest diseases is held at the Surrey County Council Clinic, Clarence Avenue, Woking, and the Victoria Hospital, Woking.

The clinics for the treatment of Venereal Diseases are situated at the Royal Surrey County Hospital, Guildford, and Woking Victoria Hospital.

The following sessions are held at Woking and District Victoria Hospital:—

Males ..	..	..	..	..	Thursday, 5–7 p.m.
Females	..	..	..	..	Tuesday, 4–7 p.m.

National Assistance Act, 1948

No cases were reported to the Department during the year, and no action was deemed necessary under Section 47 of this Act.

Ottershaw Isolation Hospital

The following table shows the number of cases admitted to the Isolation Hospital during 1956:—

Scarlet Fever	..	..	..	11 cases
Measles	..	..	..	1 „
Meningitis	..	..	..	1 „
Dysentery	..	..	..	11 „
Gastro-enteritis	..	..	..	2 „
Tonsillitis	..	..	..	2 „
Mumps	..	..	..	1 „
Poliomyelitis	..	..	..	29 „
Broncho-pneumonia		..	..	3 „
Other Diseases	..	..	..	9 „
Total				70

MATERNITY SERVICES

The Woking Maternity Hospital in Heathside Road continued its valuable services and during the year 1,539 patients were admitted, a number slightly in excess of that for 1955. Of these slightly less than half were mothers normally resident outside the Urban District area.

Clinics.—Ante-natal clinics are held every Tuesday, Thursday and Saturday mornings and afternoons and Wednesday afternoons and Friday mornings. Post-natal clinics are held every Monday morning except the second Monday of each month. Baby clinics are held every Monday and Friday afternoon. Fertility clinics are held every Wednesday morning.

During the year the Woking and District Victoria Hospital showed the following figures:—

Number of In-patients admitted	..	..	1,582
Number of Out-patient attendances:—			
Consultative Clinics	..	..	11,674
Casualty	..	..	14,608
V.D. Clinics	..	..	551

SURREY COUNTY COUNCIL CLINICS

<i>Centre</i>	<i>Address</i>	<i>Clinic</i>	<i>Day</i>
WOKING	Maternity Hospital, Heathside Road S.C.C. Clinic, Clarence Avenue	Ante-natal Welfare Dental	Wednesday, p.m. Friday, a.m. Wednesday, p.m. Tuesday, a.m. and p.m. Wednesday, a.m. and p.m. Thursday, a.m. and p.m. Friday, a.m. and p.m.
	Penlee, Claremont Avenue	Eye Minor Ailments Child Guidance Speech Dental	Thursday, a.m. (1st and 3rd) Thursday, p.m. Wednesday, a.m. Full time Full time Monday, a.m. and p.m. Tuesday, a.m. and p.m. Thursday, a.m. and p.m. Friday, a.m. and p.m.
BYFLEET	Methodist Hall, Byfleet	Welfare Dental Minor Ailments	Wednesday, p.m. Thursday, a.m. Thursday, a.m.
HORSELL	The Village Hall	Welfare Minor Ailments	Friday, p.m. Friday, p.m.
KNAPHILL	Trinity Church Hall, Chobham Road	Welfare Minor Ailments	Friday, p.m. Friday, p.m.
WESTFIELD	St. Peter's Church Hall, Old Woking	Welfare Minor Ailments	Tuesday, p.m. Tuesday, a.m.
ST. JOHN'S	Memorial Hall	Welfare Minor Ailments	Thursday, p.m. (2nd and 4th) Thursday, p.m. (2nd and 4th)
SHEER- WATER	St. Michael's Hall	General Medical Welfare	Monday, a.m. Monday, p.m.
*MAYBURY	The Scout Hut, Oriental Road	Minor Ailments Welfare	Thursday, p.m. (1st and 3rd) Thursday, p.m. (1st and 3rd)
*PYRFORD	The Village Hall	Minor Ailments Welfare	Monday, p.m. (2nd and 4th) Monday, p.m. (2nd and 4th)

WELFARE FOOD SERVICES

The Welfare Foods may be obtained from any of the above Welfare Clinics and in addition we are indebted to the good services of the W.V.S. who distribute as follows:—

Sharrard House, Heathside Road, Woking	Monday–Friday, 2.15–4.30 p.m.
121 Chertsey Road, Woking	Monday–Friday, 10 a.m.–12 noon

CHIROPODY SERVICES FOR OLD PEOPLE

A Chiropody Clinic is held on Tuesday morning and afternoon each week at the Red Cross Centre, Walton Road, Woking.

FAMILY PLANNING ASSOCIATION

Under the auspices of the Family Planning Association advice may be obtained from the Association at 77A Chertsey Road, Woking, between 2.30 and 3.30 p.m. on each Wednesday, and also the last two Tuesday evenings in each month from 7 to 8.30 p.m.

INFECTIOUS DISEASES

Scarlet Fever.—Only 26 cases were notified during the year but as is customary this disease is now so mild that many cases of an atypical nature occur, frequently with a very transient rash. There were no complications and from a point of view of control this infection is now of less importance than tonsillitis.

Measles.—17 cases only were notified during the year. Complications of this disease were negligible due to the value of sulphonamides and antibiotics in their prevention and treatment. There were no deaths. It is important, however, that the majority of such children should have their chests X-rayed after this infection, and this procedure is carried out invariably as a routine in the case of those admitted to hospital.

Puerperal Pyrexia.—This notifiable condition was properly reported by the Woking Maternity Hospital in the majority of instances and it is defined as “any febrile condition occurring in a woman in whom a temperature of 100·4° Fahrenheit (38° centigrade) or more has occurred within fourteen days after childbirth or miscarriage.” In many cases, therefore, it is of little significance, but it always requires investigations which eliminate the possibility of the rise of temperature being due to infective conditions which are themselves invariably now well controlled, again by the use of antibiotics.

Infectious Diseases, 1956

NOTIFIABLE DISEASE	CASES NOTIFIED IN WHOLE DISTRICT														WARDS									Cases admitted to Hospital	Total Deaths																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
	At all Ages	At Ages—Years													Byfleet	Central	Horsell	Knaphill and Brookwood	Maybury and Mount Hermon	Old Woking, Mayford and Sutton	St. John's	Woodham and Sheerwater	West Byfleet and Pyrford																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
		Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 65	65 and over																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Whooping Cough	30	2	—	2	6	5	13	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

Dysentery.—All the cases notified were known to be caused by *B. sonnei* dysentery, and in the majority of cases the infection was mild, and in some cases the notification represented only that the person was a “carrier” of this condition. The infection can, however, be responsible for very acute symptoms, and special measures must be taken in the case of those employed in the food trade. The majority of infection occurred in children in the 5–10 year old age group and especially in the Infant Schools in the Westfield and Maybury areas in October and November of the year. A letter was distributed to all parents of children at schools in these areas giving advice as to the precautions which should be taken.

Poliomyelitis.—Forty cases of this disease were notified during the year and 24 were paralytic and 17 non-paralytic. In the paralytic group 10 of the cases occurred in adults whose symptoms on the whole were more severe than those seen in children. Two cases only of the non-paralytic form were seen in adults. Twenty-seven of the cases were confirmed by finding the responsible virus in the faeces, and it is invariably easier to isolate the virus from children than adults. All types of the virus were of Type I with the one exception of a child with a paralytic form of the disease whose type was III. In four instances the cases in children came from the Westfield County Primary Infants’ School and in three from the County Primary Junior School, and these two schools were accordingly closed in July until the commencement of the Autumn term. One private school voluntarily closed a department on the appearance of a case.

Meningococcal Infection.—Two cases of this disease were reported, one in a baby who died after a fulminating attack of this infection and one very severe form occurred in a female adult which was followed by complete recovery.

DIPHTHERIA IMMUNISATION

There was again no recorded case of diphtheria during the year. The following figures give the Immunity Index at 31st December, 1956: this index shows the percentage of children who have, within the last five years, received either their first course of injections or a subsequent reinforcing dose.

Immunity Index

Under 1 year	1–4 years	5–14 years
5·8	68·9	55·9

During the year 339 children were given their primary course of immunisation and 890 their reinforcement doses. This work was carried out in clinics or at schools and an attempt is now made to visit each school each year although the programme is occasionally upset by the incidence of poliomyelitis when it may be desirable to suspend injections of all kinds. In addition private practitioners gave 425 primary immunisations and 156 reinforcing injections during the year.

It is most important to see that all children receive their first injections before reaching one year of age and it would seem that more than a hundred children during the year had not been immunised before they attended school.

VACCINATION

638 children under 14 years of age and 241 adults were vaccinated during the year.

TUBERCULOSIS

New Cases and Mortality during 1956.

AGE PERIODS	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0-1	—	—	—	—	—	—	—	—
1-5	—	—	—	—	—	—	—	—
5-15	1	—	—	—	—	—	—	—
15-25	2	6	1	3	—	—	—	—
25-35	14	10	—	1	—	1	—	—
35-45	8	4	—	—	—	—	—	—
45-55	4	2	2	2	2	—	—	—
55-65	6	—	—	—	1	—	—	—
65 and upwards	2	—	—	1	—	—	—	—
Totals ..	37	22	3	7	3	1	—	—

The number of cases of Tuberculosis notified during the year ending 31st December was 69, as will be seen from the following table:—

Number notified by General Practitioners	..	..	8
Number notified by Institutions and Clinics	..	..	23
Number transferred to Woking	..	..	35
Number notified after death	..	..	3

The following table shows the number of cases notified annually since 1952, and the number of deaths which occurred:—

YEAR	NUMBER ON REGISTER				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
1952	229	155	38	41	5	3	1	—
1953	248	168	30	31	5	3	—	1
1954	271	191	31	35	2	1	—	—
1955	294	218	31	39	2	2	—	1
1956	306	219	32	45	3	1	—	—

The increased number of cases of Tuberculosis on the register is largely due to the number of cases living in the new houses on the Sheerwater Estate, and 13 additional cases on this estate were added to the register during the year.

B.C.G. VACCINATION, 1956

Children 13–14 years

Age Group	Consent		Mantoux Test				Vaccination	
	No.	% of Age Group	+ve No.	% of Test	—ve No.	% of Test	No.	% of Age Group
847	495	58·4	60	12·6	415	87·4	407	48·1

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925

No action was necessary under these Regulations regarding tuberculous employees in the milk trade.

PUBLIC HEALTH ACT, 1936, SEC. 172

No action was needed for the compulsory removal to Hospital of infectious persons suffering from Pulmonary Tuberculosis whose lodging or accommodation prevented the adoption of proper precautions to prevent the spread of infection or who were not taking such precautions.

The County Council is responsible for care and after-care measures and these are supervised through local Committees. The funds available are derived from grants made through the County-rate and by voluntary effort. The Committees are responsible for arrangements in relation to such matters as holiday camps for children from tuberculous households, and occupational therapy materials.

One family only was rehoused by the Council by reason of tuberculosis.

PREVENTION OF BLINDNESS

No action was taken under Section 176 of the Public Health Act, 1936, the matter being in the hands of the Surrey County Council.

The Surrey County Council is also responsible, in conjunction with the District Welfare Committee, for all matters relating to services provided under Section 29 and Section 30 of the National Assistance Act. Provisions are made for the registration of the blind and for such persons the services of education, home employment, the provision of books, the provision of homes and hostels, and the provision of financial payments are maintained. Much of the work in connection with the blind is carried out by the Surrey Voluntary Association for the Blind in co-operation with the County Council. In addition the Council has extended the services to certain classes of partially sighted persons.

SCHOOLS

There are in the district 17 Primary, 6 Secondary Modern, 2 Grammar and 21 Independent schools. It is customary for head teachers to notify the Medical Officer of Health and the School Medical Officer of absences from schools in the case of suspected infectious diseases, and mention has previously been made of the incidence of infection of a gastro-intestinal nature during the year which called for close co-operation between the Public Health Department and the School Health Service.

During the year all school canteens and kitchens were again sprayed for the purpose of limiting the fly and insect population in those premises.

MILK SUPPLY

During this year, the second in which all milk sold within the Urban District was required to be heat treated or Tuberculin Tested, 81 samples of milk were submitted for bacteriological examination, and of these, three were also submitted for biological examination.

It is most reassuring to find that these samples were reported upon as satisfactory in all cases.

Details of the tests to which these 81 samples were subjected are as follows:—

Designation of Milk	Phosphatase Test	Methylene Blue Test	Turbidity Test	Biological Test
Pasteurised	*40	40	—	—
T.T. Pasteurised	20	20	—	—
Sterilised	—	—	6	—
T.T. farm bottled	—	15	—	3

* Includes 10 samples of pasteurised milk taken from schools.

The phosphatase test gives an indication of efficiency or otherwise of pasteurisation, whilst the methylene blue test determines keeping quality and cleanliness. Efficiency of sterilisation is checked by means of the turbidity test and biological examination is used to detect any tubercular infection in milk.

MILK PRODUCTS

Seven samples of fresh single cream and 7 samples of fresh double cream were submitted for bacteriological examination.

These 14 samples satisfied the methylene blue test and were all found to be free from faecal coli.

ICE CREAM

All the ice cream sold in the Urban District is manufactured outside the district principally by firms of national repute.

Sampling carried out during the year showed that the bacteriological standard of the ice cream sold has remained very high, all the samples falling into either Grade I or II.

Forty samples were taken during the year and submitted for examination to the Public Health Laboratory, St. Luke's Hospital, Guildford.

The sample results were as follows:—

Grade I	..	..	..	..	..	32
Grade II	..	..	..	..	..	8

The samples are subjected to a methylene blue test which gives an indication of bacterial activity and in a percentage of cases the presence or absence of faecal coli is also determined. Owing to the numerous factors governing the hygienic quality of ice cream, judgment is not based on any single sample but rather on a series of samples. It is suggested that over a six monthly period 50% of a vendor's samples should fall into Grade I or II, not more than 20% in Grade III and none in Grade IV.

SWIMMING POOLS

The Swimming Pool opened in 1935 in Woking Park continues in popularity with residents and visitors. Its modern filtration, aeration and chlorination plant provides a complete turnover of the 425,000 gallons it contains every 5 hours, and the water is tested for alkalinity and acidity twice daily. The bacteriological standard of the water continued to be satisfactory. During 1956, the number of admissions were 51,669 as against 128,186 for the year previous.

There are no privately-owned Swimming Pools open to the public in the district.

WATER SUPPLY

As described in previous Reports, the water is supplied by the Woking and District Water Company from its stations at Chertsey, West Horsley, West Clandon, and a supply in bulk by statute from the Guildford Corporation. The West Surrey Water Company supplies the Byfleet area.

The Woking and District Water Company's mains were extended 7,394 yards in the Urban District during 1956, and those of the West Surrey Water Co. by 1,863 yards.

With few exceptions water is laid on to the interior of the houses.

Two samples of Company water were taken and found to be satisfactory. Chemical examinations are made by the Royal Institute of Public Health and Hygiene.

Wells.—Five houses are still dependent on shallow wells for their water supply. Samples of these waters are taken regularly to check their purity. Some of these houses are too remote to make mains supply practicable. Sixteen samples of these waters were taken during the year. All new houses are provided with a mains supply.

DRAINAGE ARRANGEMENTS

As in previous years the Council has continued its policy to provide main drainage in areas where this facility does not exist.

Notification was received from the Minister of Housing and Local Government that while he appreciated the desirability of carrying out the Hoe Valley Sewer Extension Scheme he was unable to approve it at the present time on financial grounds. It is hoped, however, that a smaller amended scheme prepared after discussions with the Ministry officials will receive approval and allow development to proceed in the Western Areas.

The Minister also decided that the scheme submitted for the reconstruction of the Woking Sewage Disposal Works should be deferred for the time being on account of the economic situation.

Consideration was given to the Consulting Engineers' Report on the present standard of the pumping stations in the district which included the recommendation that a new pumping station be constructed in Walton Road to replace the existing one, and alterations be made at the East Hill and Old Woking Pumping Stations.

Sewer extensions were carried out in Stockers Lane and Sheerwater Road.

A section of the Pyrford Surface Water Sewer Scheme received approval and has been carried out.

I am indebted to Mr. H. P. Tame, Engineer and Surveyor to the Council, for his assistance in supplying this information.

1st April, 1957

To the Chairman and Members of the Public Health Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

In a district of such a rapidly developing nature as Woking the task of public health inspectors remains varied and considerable. A report of achievement presented year by year may occasion the view that inevitably a day must arise when the task is completed. If, therefore, any excuse is required for the continued existence of public health inspectors it has been supplied by Dr. Fryberg, Director-General of Health for Queensland, Australia, who said "the presence of a public health inspector makes both the local authority and the public more health conscious, and sanitary conditions invariably deteriorate without one."

It is thus to be hoped that the opinion of Dr. Fryberg will be accepted as justification for our continued presence.

The gross nuisances of the latter part of the nineteenth century, for the most part, are no longer with us, but the present-day inspector operates under much more complex conditions occasioned by a mass of legislation, much of which is complicated and ambiguous to interpret. Again, such matters as pest control have become subjects of science and the operator has at least to be aware of the hazards of handling materials of a toxic nature.

There is much variation in the work of public health inspectors in a town such as Woking, thus creating a retention of interest which affects favourably the approach of inspectors to the work for which they are responsible. We recognise the importance attached to our work in connection with the maintenance of high and safe standards of food supplies and environmental health circumstances and your Inspectors have worked conscientiously and regularly, frequently out of normal working hours, to give of their best.

The work of the public health inspector could not be discharged adequately without the continued and sympathetic support of Councillors and I would once more express my gratitude for the help and assistance which I always receive in this way. 1956 was a significant year in another respect, as it provided the opportunity to work with Dr. C. A. McPherson, a Medical Officer of Health with a deep understanding of the needs of our work and one from whom all members of the staff have received the utmost help and consideration.

Yours respectfully,

A. G. DAVIES,

Chief Public Health Inspector.

SANITARY INSPECTION

The following table is here included in accordance with the Public Health Officers' (Outside London) Regulations, 1935, and is a summary of—

(a) Number and Nature of Inspections for 1956:—

Inspections under Housing Act, 1936	..	..	..	60
Inspections of dwellings under Public Health Acts	..			840
Inspections of dwellings occupied by applicants for				
Council Houses	..	..	..	25
Enquiries <i>re</i> infectious diseases	..	..	..	534
Investigations <i>re</i> overcrowding	..	..	..	1
Inspection of slaughterhouses	..	..	..	565
,, ,, places of entertainment	..	..	..	5
,, ,, dairies	..	..	..	31
,, ,, bakeries	..	..	..	111
,, ,, moveable dwellings	..	..	..	247
,, ,, factories and workplaces	..	..	..	271
,, ,, outworkers premises	..	..	..	16
,, ,, verminous premises	..	..	..	32
,, ,, cafés, restaurants, foodstalls	..	..	..	104
,, ,, factory and school canteens	..	..	..	79
,, ,, licensed houses and hotels	..	..	..	1
,, ,, other food premises	..	..	..	627
,, ,, mobile food vans	..	..	..	18
,, ,, premises where ice-cream is manufactured,				
stored or sold	..	..	..	144
,, ,, market stalls	..	..	..	22
,, ,, schools	..	..	..	4
,, ,, drainage systems	..	..	..	378
Drain tests	..	..	..	42
Inspections concerning smoke nuisance	..	..	..	61
,, ,, Shops Act, 1950 (Section 38)	..			283
,, ,, rodent infestation (by Health				
Inspectors)	..	..	..	426
,, ,, pest control (by Health In-				
spectors)	..	..	..	104
,, ,, pollution of streams, etc.	..			63
,, ,, refuse tips, etc.	..	..	..	582
,, ,, Pet Animals Act	..	..	..	3
,, ,, public conveniences	..	..	..	28
,, ,, swimming pools	..	..	..	17
,, ,, exhumations	..	..	..	1
,, ,, food poisoning	..	..	..	12
Miscellaneous	..	..	..	419
Total number of visits	..	..	..	6,156
Re-inspections	..	..	..	2,310

8,466

(b) Improvements have been effected by the Public Health Inspectors as follows:—

External painting	23
Rooms cleansed	3
Wall plaster renewed or repaired	78
Ceiling plaster renewed or repaired	28
Floors repaired	68
Room ventilation improved	1
Sub-floor space ventilated	5
Doors repaired or provided	28
Window sashes and frames repaired or provided	96
Sash cords renewed	52
Staircases and stairs renewed or repaired	4
Stoves and grates renewed or repaired	20
Coppers or parts thereof renewed or repaired	4
Sinks renewed or repaired	5
Sink wastepipes renewed	20
Food stores provided	3
Sills, steps, lintels, arches renewed or repaired	18
Pail and water closets cleansed or repaired	2
Pail closets abolished	2
W.C. fittings renewed or repaired	21
New W.C.s provided	4
W.C. pedestals renewed	14
Existing houses connected to sewer	2
R.W.P.s provided or repaired	49
Chimney stacks repaired	60
Drainage repaired, including soilpipes	33
Drains cleared of obstruction	96
Yard paving repaired	14
Sanitary dustbins provided	116
Eaves gutters provided or repaired	81
Roofs repaired	125
Pointings renewed	80
Brickwork renewed	19
Dampness remedied in other ways	117
Existing houses provided with main supply of water	3
Offensive accumulations removed	1
Verminous rooms cleansed	25
Rooms disinfected after cases of infectious disease	33

Food Premises

Roofs repaired	2
Rooms cleansed	63
Wall surfaces repaired or renewed	28
Floors repaired or renewed	23

Clothing accommodation provided	..	..	..	11
Hot water provided	..	..	..	2
Additional wash-basin fitted	..	..	..	8
Wash-basins renewed	..	..	..	3
Additional sinks provided	..	..	..	11
Sinks renewed	..	..	..	6
Bakehouse tables renewed	..	..	..	2
Windows repaired	..	..	..	2
New ceilings provided	..	..	..	2
Doors repaired	..	..	..	2
Refrigerators cleansed or repaired	..	..	..	9
W.C. apartments cleansed	..	..	..	12
W.C. apartments ventilated	..	..	..	1
New W.C.s provided	..	..	..	3
Water mains repaired	..	..	..	1
Water supply and washing facilities to stalls	..	..		1

Factories

Ceilings and walls cleansed	3
Additional sanitary accommodation provided	5
Unsuitable conveniences improved	9

Bakehouses

Cleansed	3
------------------	---

HOUSING

1. *Inspection of dwelling-houses during the year*

(a) Total number of dwelling-houses inspected for housing defects under the Public Health or Housing Acts ..	900
(b) Number of dwelling-houses (included under sub-head (a) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	60
(c) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	26
(d) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ..	725

2. *Remedy of defects during the year*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	534
---	-----

Every effort is made to secure the repair or reconditioning of dwelling-houses by negotiation rather than statutory action. Where such action fails, formal notices are served under the appropriate statutory authority, the numbers for 1956 being:—

Preliminary Notices	..	..	..	..	..	155
Statutory Notices:—						
Public Health Act, 1936, Section 39	..	..	..	..	..	1
Public Health Act, 1936, Section 93	..	..	..	..	..	48
Housing Act, 1936, Section 9	..	..	..	..	..	10

3. *Clearance of unfit houses*

(a) *Individual unfit houses*

During the year consideration was given to 18 individual houses represented as unfit. By the end of the year 7 had been demolished; 2 were about to be demolished following the making of demolition orders; 4 were the subject of Closing Orders, and undertakings not to re-let were in operation against the remaining 5. Thirteen families were rehoused by the Council from these properties and 2 were rehoused privately.

During the year 4 houses, included in the provisional list of unfit houses, were extensively reconditioned and modernised to make them fit for human habitation, and by the end of the year similar work was in progress on 5 others.

(b) *Clearance areas*

A Clearance Area involving 8 houses at Victoria Road, Knaphill, was represented during the year. Negotiations for the purchase of the land by agreement were held up pending the coming into operation of the Slum Clearance (Compensation) Act, 1956, but these had, by the end of the year, reached an advanced stage.

4. *Housing Waiting List*

At 31st December, 1956, 1,546 families were on the list of applicants for Council housing accommodation. This total is comprised of the following groups:—

Main Waiting List

Applicants in self-contained accommodation	..	..	414
Applicants in non-self-contained accommodation	..	..	357

Aged and Special Persons List

In self-contained and non-self-contained accommodation	224
--	-----

Deferred Waiting List

In self-contained and non-self-contained accommodation	187
--	-----

Slum Clearance List

In self-contained accommodation 4

Qualifying List

All types of applicants in self-contained and non-self-contained accommodation 360

5. Housing Development

The following is a statement of the number of houses erected in the Urban District during 1956:—

(a) by the local authority:

3-bedroom houses	82	2-bedroom flats	4
2-bedroom houses	6	2-bedroom bungalows ..	4
3-bedroom maisonettes ..	6	1-bedroom bungalows ..	8

(b) by private enterprise: 602.

In addition to these figures 29 houses were in course of construction at the end of the year by the local authority and 433 by private enterprise.

ATMOSPHERIC POLLUTION

The Clean Air Act, 1956, has received so much prior publicity that there can be few people who are unaware either of the broad requirements of the Act or of the public pressure which led to this particular measure. Nevertheless there is much interest to be gained from a consideration as to how the new law is likely to affect our domestic arrangements for heating and cooking. It is first necessary to remember that the principal object of this statutory measure is to diminish or eliminate atmospheric pollution, a circumstance which arises to a large extent from the emission of smoke, dust and grit created from incomplete combustion. It will come as a surprise to many perhaps to be told that pollution of this nature from domestic sources represents about 60 per cent of the total atmospheric pollution in this country. Under earlier legislation there was power to deal with smoke nuisance, but this was a measure confined to industrial premises and the domestic chimney was excluded.

From the domestic standpoint two explanatory statements are of significance, inasmuch as it is intended that the new Act should—

- (1) prohibit the emission of dark smoke from chimneys; and
- (2) empower local authorities by order to declare smoke control areas in which the emission of smoke from chimneys will constitute an offence.

As the dark smoke provision applies to the chimney of any building, the chimney of a private dwelling-house now comes within the scope of the law. It is as well to remember that whether we ourselves become involved in a smoke control area or not, we shall be playing a large part in our national environmental circumstances by improving on domestic heating and cooking arrangements and perhaps by fuel economy even saving ourselves money.

Where smokeless zones are established for the purpose of improving atmospheric conditions householders will be under an obligation to avoid the emission of smoke from their chimneys and for this purpose to burn solid smokeless fuels. Where necessary suitable appliances for this purpose will have to be installed. The advantages will be to the citizen in general by improvement of atmospheric conditions, and to the individual family by a reduction in fuel costs obtained probably by the use of an appliance for which the local authority has perhaps contributed at least seven-tenths of the cost. A further most significant advantage lies in the lessening of dirt and dust in the home, a factor very pleasing to the housewife.

The traditional open fire, to which most of us are so attached, with its excessive consumption of smoke-producing bituminous coal is the domestic culprit and the new arrangements will require eventually the adaptation of our existing grates to burn smokeless fuels, in the main, coke. The two main thoughts which spring to mind, therefore, will be the availability of suitable fuel and the cost of conversion.

FACTORY INSPECTIONS

1.—INSPECTIONS FOR PURPOSE OF PROVISION AS TO HEALTH.

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	16	18	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	233	253	10	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ..	—	—	—	—
Total	249	271	12	—

2.—CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	3	3	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary conveniences (S.7)					
(a) Insufficient ..	1	1	—	—	—
(b) Unsuitable or defective	8	8	—	3	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to out-work)	—	—	—	—	—
Total	12	12	—	3	—

Twelve out-workers are numbered in the list required by Section 110(1)(c).

MOVABLE DWELLINGS

Number of sites used for parking 2 or more caravans	6
Number of caravans on each site:	
Warren Farm, Pyrford (41 for week-end use only)	98
The Cedars, Byfleet	20
Slapley's, Egley Road	5
Brewery Lane, Byfleet	8
Arden House, Byfleet	36
Vinery Nurseries, Byfleet	6
Licences issued during the year under Public Health Act, 1936, Sec. 269	1
Number of licences renewed	5

INSPECTION AND SUPERVISION OF FOOD

The consolidation of the law relating to food and drugs in the Food and Drugs Act, 1955, and the addition of the Food Hygiene Regulations led to an intensification of the effort to raise the hygienic standards of food handling in the district. As a result of the increased activities by the Public Health Inspectors in food shops, cafés, bakehouses, etc., during the year many improvements and repairs to premises, and replacement of defective and unsuitable equipment and utensils, were effected. Not the least valuable part of these visits is the opportunity afforded to impress on managements and employees alike their responsibilities so far as personal hygiene relates to food handling. It is gratifying to report that co-operation from the trades concerned is being much more freely given.

Twelve complaints of extraneous matters in food, or other unsound conditions, were made to the Department by members of the public; all were thoroughly investigated and appropriate action was taken in every case. As a result of legal proceedings instituted in three instances, one trader was fined £5 with £5 5s. 0d. costs for selling milk from a dirty bottle; another was fined £10 with £2 2s. 0d. costs for selling milk containing a coil of steel wool, and a third was fined £5 for selling a $\frac{1}{4}$ lb. packet of tea containing the dehydrated body of a mouse.

Six lectures on food hygiene and food poisoning were given to interested bodies, and were augmented by visual aids, photographs and films.

The pre-packaging of food

The influence of modern methods of packaging on the methods of handling food and thus upon the work of this Department are such as to warrant reflection. Rarely perhaps do we pause to consider the very drastic changes which have taken place in food packaging in no more than a quarter of a century. One does not need to be very old to remember for example sugar sold loose from sacks, and, a little later, being packed in familiar blue bags by the grocer himself. Tea and coffee are two other commodities which used to be sold almost entirely from bulk containers on the dealer's premises. Now almost all of these commodities are sold pre-packed and indeed it is partly due to the enormous increase in the pre-packing of foodstuffs that the self-service store as we know it has been able to develop. New developments are devoted to a large extent to the task of enabling fresh foods such as meat, meat products and fish to reach the consumer still quite fresh and, very important, free from contamination. The pre-packaging of foodstuffs is a measure having the advantages of safety and, in some cases, preservation of nutritional properties; if the material used is a "visible" one the added advantage occurs of attraction, an extremely important sales item.

The wrappings themselves have become a highly developed process and can be obtained to suit the special characteristics of varying foods, e.g. moisture proof, grease proof. Another form of wrap which is non-moisture proof is available where heat sealing has to be avoided. Some of the manufacturers have made a very intensive study into the requirements of a wrapping medium for individual commodities; concerning cake they have produced varying grades of wrap according to such matters as the fruit and fat content; swiss rolls, for example, are wrapped in a film which prevents drying out mould growth, and the skin of the cake becoming sticky.

Disposal arrangements

Disposal of unsound food is effected in two ways. Where the nature of the condemned foodstuff is suitable, disposal is effected as animal feeding stock under a guarantee as to its use for this purpose. All other disposals are effected on the council's controlled refuse disposal sites. As the control of the cleansing services is under the direct supervision of the Chief Health Inspector, ample scope exists to ensure that disposal in this way is complete and effective.

At the end of the year there were 444 food premises in the urban district, classified as follows:—

Bakehouses and bakers' shops	..	..	..	29
Butchers' shops	..	..	..	43
Cafés and restaurants	..	..	..	40
Confectioners	..	..	..	52
Fishmongers' and fried fish shops			..	23
Greengrocers	..	..	..	42
Grocers	..	..	..	128
Factory and school canteens			..	49
Licensed houses	..	..	..	38

Thirty-three premises were registered under Section 16 of the Food and Drugs Act, 1955, for the manufacture of sausages.

MEAT AND OTHER FOODS

There are two private slaughterhouses in the district, in addition to which a number of pigs are slaughtered at Brookwood Hospital. These are regularly inspected and all carcasses of animals slaughtered locally are examined.

All shops, stores, vehicles and places where food is prepared are visited regularly to ensure that hygienic standards are maintained.

The total amount of unsound food surrendered during the year was 3 tons – cwt. 1 qr. 10¼ lbs.

				TONS	CWT.	QR.	LB.
Tinned meat	..	..	..	—	3	1	15½
Tinned fish	..	..	..	—	—	—	14
Tinned vegetables	..	..	..	—	2	—	19¼
Tinned fruit	..	..	..	—	1	3	26¼
Tinned soup	..	..	..	—	—	—	6
Meat	..	..	..	1	6	—	6½
Fish	..	..	..	—	1	1	14
Bacon	..	..	..	—	—	—	13½
Cheese	..	..	..	—	1	2	17¾
Butter and fats	..	..	..	—	—	2	12
Preserves	..	..	..	—	—	—	21¼
Cereals	..	..	..	—	1	—	27¾
Sausages	..	..	..	—	—	—	25½
Dried fruit	..	..	..	—	—	3	11
Fruit	..	..	..	—	13	1	16
Vegetables	..	..	..	—	6	2	6
Miscellaneous	..	..	..	—	—	1	10
Total	..	..	..	3	—	1	10¼

Carcases Inspected and Condemned

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	341	—	521	1,150	2,696
Number inspected	341	—	521	1,150	2,696
<i>All diseases except Tuberculosis—</i>					
Whole carcases condemned	—	—	—	—	6
Carcases of which some part or organ was condemned	41	—	1	54	56
Percentage of the number in- spected affected with disease other than tuberculosis	12·0	—	0·2	4·7	2·3
<i>Tuberculosis only—</i>					
Whole carcases condemned	2	—	—	—	1
Carcases of which some part or organ was condemned	3	—	—	—	78
Percentage of the number in- spected affected with tuber- culosis	1·5	—	—	—	2·93

ADULTERATION OF FOOD

The 1st January, 1956, saw the coming into operation of the Food and Drugs Act, 1955, superseding the Act of 1938.

During the year 130 samples, as detailed in the following table, were taken in accordance with the new Act, and of these fifteen were

reported upon by the Public Analyst as being adulterated or otherwise irregular.

Five samples of Channel Islands milk were found to be deficient in milk fat in amounts varying from 4 per cent to 24 per cent. Legal proceedings were instituted under The Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1954, and a local producer was found guilty and fined £1 with £3 3s. 0d. costs. This case was one of the first to be taken under the 1956 Regulations.

Breaches of the Labelling of Food Order, 1953, were found in samples of fruit drink, French vinegar, pineapple and cream chocolate, iced lollies, toffees and junket tablets. Representations were made to the manufacturers in all cases and as a result the necessary amendments to labels have been or are being made.

Two samples of sausages were found to contain added preservative but no declarations to this effect had been made at time of sale. These omissions were brought to the notice of the manufacturers concerned and the requisite declarations of preservatives have since been made. The following is an analysis of the samples taken during the year.

Articles	Analysed			Adulterated or Irregular		
	Formal	In-formal	Total	Formal	In-formal	Total
<i>Food:</i>						
Milk	36	2	38	5	1	6
Beverage—Raisin flavour ..	—	1	1	—	—	—
Cake decorations	—	1	1	—	—	—
Cake Mix	—	1	1	—	—	—
Cherries—glacé	—	1	1	—	—	—
Chicken—chopped	—	1	1	—	—	—
Cloves	—	1	1	—	—	—
Coconut—dessicated	—	1	1	—	—	—
Coffee	—	1	1	—	—	—
Colouring	1	—	1	—	—	—
Condensed milk	—	1	1	—	—	—
Confectionery	2	—	2	—	—	—
Confectionery—sugar	1	7	8	1	2	3
Crab—dressed	—	1	1	—	—	—
Crab—tinned	1	—	1	—	—	—
Cream powder—synthetic ..	—	2	2	—	—	—
Cream—double cream	—	1	1	—	—	—
Cream—sterilised	—	1	1	—	—	—
Essense of Rennet	—	1	1	—	—	—
Dripping	—	1	1	—	—	—
Fishcakes	1	1	2	—	—	—
Flavouring—milk	—	1	1	—	—	—
Fruit juice drink	—	1	1	—	1	1
Ice-cream	15	—	15	—	—	—
Iced lollies	4	1	5	1	—	1
Jelly	—	2	2	—	—	—
Junket tablets	—	1	1	—	1	1

Articles	Analysed			Adulterated or Irregular		
	Formal	In-formal	Total	Formal	In-formal	Total
Ketchup—Tomato	—	1	1	—	—	—
Lard—pure	—	1	1	—	—	—
Lucozade	—	1	1	—	—	—
Marzipan	1	1	2	—	—	—
Mutton—corned	—	1	1	—	—	—
Parsley sauce	—	1	1	—	—	—
Pepper	—	1	1	—	—	—
Pineapple drink	1	—	1	—	—	—
Pudding—sultana	—	2	2	—	—	—
Pudding, Christmas	—	1	1	—	—	—
Puree—liver	—	1	1	—	—	—
Puree—tomato	—	1	1	—	—	—
Rice—ground	—	1	1	—	—	—
Salad cream	1	—	1	—	—	—
Salmon—potted	—	1	1	—	—	—
Sauce	1	—	1	—	—	—
Sauce—fruit	—	1	1	—	—	—
Sausages—beef	—	4	4	—	1	1
Sausages—pork	1	2	3	—	1	1
Sausage rolls	1	—	1	—	—	—
Shrimps—tinned	—	1	1	—	—	—
Spread—breakfast	1	—	1	—	—	—
Spread—Yeast extract	—	1	1	—	—	—
Steak and kidney pie	—	1	1	—	—	—
Suet—Fresh beef	—	1	1	—	—	—
Tea	—	1	1	—	—	—
Tomatoes—tinned	—	1	1	—	—	—
Vinegar—French	—	1	1	—	1	1
Vinegar—Malt	—	1	1	—	—	—
<i>Drugs:</i>						
Relaxa Tabs	1	—	1	—	—	—
Totals	69	61	130	7	8	15

WATER SUPPLY

The effort to secure a piped supply of water to every house in the district has continued and the five houses enumerated below are the only properties from which drinking water supplies are now derived wholly from shallow wells:—

Fullers, Prey Heath.
Holly Cottage, Pyrford Green.
Boundary Cottage, Bagshot Road.
Triggs Lock, Sutton.
Fishers Farm, Lower Westfield.

BURIAL OF THE DEAD

Upon no occasion during the year was it found necessary to arrange a burial under Section 50 of the National Assistance Act, 1948.

RODENT AND PEST CONTROL

Notifications of rodent infestations show no marked increase over previous years and the problem is kept within reasonable bounds by prompt attention to complaints, and the regular surveying of likely breeding grounds. A substantial amount of work on a chargeable basis continues to be carried out on commercial premises.

Treatments carried out twice during the year in manholes on the sewerage system at selected points throughout the district have revealed that the sewers are remarkably free from rats with the exception of a very small persistent infestation in the centre of the town.

Disinfestation work for other pests carried out by the department is limited to those pests having a bearing on public health, i.e. bugs, fleas, cockroaches, flies, but advice continues to be given on the best methods of eradication of a wide variety of other pests including woodworm, beetles, wasps, ants, silver fish, etc.

THE CLEANSING SERVICES

1. *Functions of the Department*

The functions of the Department established by the Council to carry out the duties associated with public cleansing can be classed as follows:—

- (a) removal of house refuse;
- (b) removal of trade refuse or any other kind of refuse;
- (c) treatment, deposit and disposal of refuse;
- (d) cleansing and emptying of earth closets and cesspools;
- (e) provision and management of places for the deposit of refuse.

There is a manual staff of 48 supervised by myself with the administrative help of a personal secretary. The fleet of vehicles totals 23, of which 15 are specifically for the purpose of refuse collection. The maintenance and repair of these vehicles is at present a function of the central repair depot.

The number of dustbin clearances dealt with annually is now on the fringe of 1,000,000 and the annual weight of refuse collected and disposed of is in the region of 22,000 tons. Despite the many difficulties of labour and urban development to which I have referred on frequent occasions, it has so far been possible to retain a weekly collection of refuse throughout all parts of the district and indeed there is a somewhat more frequent collection in the central area of the town.

2. *Collection of household refuse*

The recorded number of premises within the urban district at the 31st December, 1956, was as follows:—

Dwelling-houses	..	..	..	15,519
Shops	..	..	..	735
Warehouses, factories, etc.	..		..	268
Licensed premises	..	..	..	48
Miscellaneous	..	..	..	851
				<u>17,421</u>

Compared with the figure of 16,763 a year earlier, ample evidence is available of the steadily increasing task which faces the Council in ensuring the regular frequency of clearance. In my view it is only by the discretion afforded on the lines indicated in my report Ref. CL/26 and approved by the Public Health Committee that a satisfactory service has been maintained up to the present time. Householders frequently complain that staff will not wait for an answer if the access door is found to be locked. It is not generally realised that ten seconds lost at each premises gives a bulk loss of man-hours equivalent to the full services of one and a half employees, or a cost of £750 per annum.

There is increasing support for the suggestion that in the long run the bulk of refuse will have to be decreased at the source. In this connection it is an interesting reflection that if the refuse from every premises in the district was reduced by 1 lb. per week, 420 less tons of refuse would be required to be collected in a year.

The collection and disposal of household refuse is, of course, the main function and about 93 per cent of the total refuse collected is household refuse. When I took over this work there was a collection schedule of approximately once in ten days and I was instructed to pursue the possibilities of producing and maintaining a once weekly collection from all premises. The present basis of operation is to secure a reasonable amount of work for each week for each vehicle and team and to constitute this as a "round." The number of men allocated to a team varies, of course, according to the nature of the district in which they are to operate. With the limitations in administrative staff I have always regarded the maintenance of these schedules as a completely personal matter and only through that personal contact has it been possible to continue reorganising and to absorb the necessary additional properties. At the present rate of housing development there is little possibility of continuing to do so.

The labour situation

The labour situation cannot be better illustrated than by the following tabulation:—

	1939	1956	Variations
Population.. ..	41,000	56,000	+ 37%
Premises	12,700	17,461	+ 38%
Bins	14,000	18,980	+ 36%
Staff	32	34	+ 6%
Available man-hours ..	79,872	77,792	— 3%

Expressed as another ratio, one man is required to clear the year's output of refuse from a population of approximately 1,650.

3. *Collection of trade refuse*

Under the authority of the Public Health Act, 1936, the removal and disposal of trade refuse is undertaken and in accordance with the provisions of the Act charges are made. During the year under review there were approximately 100 premises from which collections were made on a routine basis and approximately 36 premises for which disposal facilities were provided; the income from this source being about £1,000. The charges made are kept at a minimum and there could be a case for suggesting that they should be brought into line with the more substantial increases in costs of collection and disposal in recent years. On the other hand it is anticipated that the Council will approve the basic principle upon which I have worked, namely to accept that there is a responsibility on the part of the Council to assist in keeping the district clean and free from unwarrantable disposal of furnishings, etc., on open spaces. As many members of the Committee will know, this can be a problem and on our present policy we work to minimise this particular difficulty by keeping collection costs as low as possible.

4. *Vehicles*

The policy of maintaining a modern fleet of vehicles has been continued and the newer vehicles are undoubtedly a prime factor in the maintenance of clearance schedules. The price, however, is a matter of concern, an order placed recently for one vehicle involving an expenditure of £3,000. There would seem to be a strong case for the employment of diesel engines, much of the earlier criticism having been overcome; of the 23 vehicles now in use, 6 operate on diesel oil.

The difficulties involved in providing new and up-to-date garage premises are well known to Members of the Committee, but I would be failing in my duty not to emphasise that five vehicles are now left out each night in the open air.

5. *Refuse disposal*

Disposal facilities are required for some 18,000 tons of household refuse annually, together with an additional 3,000 tons received from the Chertsey Urban District Council, and approximately 1,500 tons of trade waste. Two sites have been in use throughout the year, Camphill Road to serve the Byfleet, West Byfleet and Pyrford area, and Havering Farm for the remaining area. Work on the Havering Farm Site ceased on 10th November, 1956, in order that we could assist the Surrey County Council in reclaiming areas of the land intended for use in connection with the partially constructed new school on Barnsbury Farm. This work began on 12th November and the County Council are to meet the cost of the provision of the necessary top soil.

Disposal sites in Woking are not difficult to obtain but there is always a certain amount of objection to overcome from people living within the vicinity of proposed sites.

6. *Cesspool emptying*

The number of properties from which clearances have to be made has increased to 718. During the year under review we made 3,001 clearances, or 4·2 per premises. Approximately 4,410,650 gallons of sewage were removed.

The service and the cost is summarised below:—

Total vehicle mileage	.. ..	28,161
Number of loads of sewage removed	..	5,189
Vehicle miles per load of sewage	.. ..	5·4
Total estimated expenditure	.. ..	£6,800
Approximate cost per load of sewage	..	£1 6s. 3d.
Approximate cost per house	.. ..	£9 8s. 8d.

7. *Wastepaper collection*

Insofar as the sales market is concerned, the wastepaper situation is an unsatisfactory one. A constant prodding by the Thames Board Mills to increase our collection ended in June with an intimation that collection exceeded demand, and that for the ensuing six months we were to be reduced to a quota. The separate collection of paper has therefore been eased down so far as is possible to keep within the limits of the saleable tonnage. During 1956, 337 tons of paper were sold and produced a gross income of £2,537.

8. *Conclusions*

In any rapidly developing area the problems of cleansing arrangements will always remain sufficient in number to compel constant attention and Woking is no exception to this rule. New methods are being sought constantly to reduce costs, and I suggest that the galvanised dustbin will pass out of use within a few years in favour of something offering better storage and cheaper collection. The service we provide has many limitations but it is not always possible to provide satisfactory answers. It is with pleasure, however, that I report that a weekly collection of refuse has been maintained in an area in which the population has increased by 37 per cent since 1939, despite a *decrease* in available man-hours by 3 per cent. For this achievement I give the credit to a very good core of permanent employees and the excellent support I received in my work from all Members of the Council. The results of the investigation made earlier in the year in relation to hours of employment form an excellent example of this support. I take this opportunity of expressing my thanks to the Members of the Council for the assistance which I continue to receive.